



North Carolina Department of Public Safety
Insurance/Benefits Payroll Deduction Cancellation Form

Employee Name (Print):	
Employee Personnel#:	Last 4 digits of SSN:
Employee Signature:	
Date:	DPS Division (AC, JJ or LE):

Employee Instructions:

DPS has several products offered to DPS employees including some products through the DPS Insurance Committee. Employees can cancel coverage under these products at any time. To cancel coverage, please initial the type of Insurance/Benefit to be canceled and the desired month for the last deduction to be taken from.

(Forms should be submitted prior to the 15th of the month for processing on the current month's payroll.) Sign and date the form and forward to DPS Payroll. Forms can be faxed to 919-324-6240, or mailed to:

DPS –Controllers' Office
Attn: Payroll
MSC 4228
2020 Yonkers Rd.
Raleigh NC 27699-4228

☐ Please check this box if form has been previously faxed.

Initial	Type of Insurance/Benefit		Month for last deduction be taken from
	AFLAC		
	BCBS Dental		
	Correctional Peace Officers Foundation		
	Legal Services		
	MetLife Dental		
	Monumental Life		
	Pierce – American Heritage Heart/Stroke		
	Pierce – Professional Disability		
	Protective Life		
	Southern States Benevolent Assoc.		
	Other (<i>please specify</i>):		
N/A	Colonial (Cancer, Accident, Disability, Life, Critical Illness)	<i>This form cannot be used to cancel Colonial deductions. Employees must contact Colonial directly to cancel. Ph#: 1-800-325-4368</i>	
N/A	State Health Plan NC Flex SECU SEANC	<i>This form cannot be used to cancel State Health Plan, NC Flex, 401k, Deferred Comp/457, SEANC dues/Insurance or SECU deductions. Please contact your facility HR staff, DPS Payroll or the Central HR Insurance Benefits Program Manager for cancellation options.</i>	